

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Three Rivers Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7800 Jandaracres Drive Cincinnati, OH 45248	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Review of medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure staff maintained proper infection control practices during tracheostomy care. This affected one (Resident #17) of three residents reviewed for tracheostomy care. The facility census was 111 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #17 revealed an admitted [DATE] with diagnoses including centrilobular emphysema, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #17 dated 08/03/24 revealed the resident had intact cognition and required setup assistance with activities of daily living (ADLs.)</p> <p>Observation on 09/24/24 at 11:42 A.M. of tracheostomy care for Resident #17 per Licensed Practical Nurse (LPN) #21 revealed the nurse broke the sterile field when she touched the sterile gauze with her clean gloves instead of sterile gloves. LPN #21 picked up the gauze and placed it in the cleaning solution. After applying her sterile gloves, LPN #21 used the contaminated gauze to clean Resident #17's tracheostomy tube.</p> <p>Interview on 09/24/24 at 12:27 P.M. with LPN #21 confirmed she contaminated the sterile field and used the contaminated gauze to clean Resident #17's tracheostomy.</p> <p>Review of the facility policy titled Tracheostomy Care dated 08/26/24 revealed staff were to maintain an aseptic environment, to the extent possible, to reduce pathogen transmission during tracheostomy care.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00157813.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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